



## **GAMING ACTIVITY REPORT & W2-G REQUEST FORM**

Please print all information clearly.

First Name	ame Middle		Last Name		
Street Address City		State		Zip Code	
Last 4 Digits of SSN	mychoice Acco	unt Number	Da	te of Birth (mm/dd/yyyy)	
Phone Number			Tax Year(s) Requested		
Do you request a gaming activity report?		Yes	_ No	Year(s)	
Do you request a copy of your w2-G(s)?		Yes	_ No	Year(s)	
Signature (Required)				Date	
State of:	) Ad	cknowledged be	efore me	on this the day of:	
	No	otary			
		(Seal)	)		
Please complete the request form and return it to:			rred Deli	very Method	
Hollywood Casino Tunica		Fax			
Attn: Finance Department 1150 Casino Strip Resort Blvd.		Mail			
Tunica Resorts, MS 38664 Phone Number: (800) 871-07	11				

Fax: (662) 357-7800